

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 http://www.dail.vermont.gov Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 29, 2018

Mr. Steven Doe, Manager Our Lady Of The Meadows 1 Pinnacle Meadows Richford, VT 05476-7637

Dear Mr. Doe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 22, 2018. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely.

Pamela M. Cota, RN

amlaMCotaPN

Licensing Chief

Division of Licensing and Protection (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: 0197 05/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1 PINNACLE MEADOWS OUR LADY OF THE MEADOWS RICHFORD, VT 05476 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R100 R100 Initial Comments: An unannounced onsite relicensing survey, a self-reported incident investigation, and complaint investigation were conducted by the Division of Licensing and Protection from 5/21-5/22/18. The following are regulatory findings. R145 V. RESIDENT CARE AND HOME SERVICES R145 SS=D (RENE SEE ATTACHED) 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being: This REQUIREMENT is not met as evidenced Based on record review and staff interview, the home failed to ensure that the written plan of care was updated to describe the care and services necessary to address behavior changes for 1 of 8 residents reviewed (Resident #1). Findings include: Per record review, Resident #1 had recently PDC accepted 6/28/18

K. Campos—RN

see attached developed behavioral changes that included some aggressive actions toward other residents. The resident was noted to like a particular chair in the common area that was equipped with a specialized pressure relieving pillow that was intended for another person (Resident #3). The staff stated that Resident #1 would rush to sit there before the other resident could get to it. even though there were other cushioned chairs

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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4/21/18

Division of Licensing and Protection								
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			711 20112211121		С			
		0197	B. WING	**************************************	05/22/2018			
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R145	45 Continued From page 1							
	available for Resident #1 to use. On the evening of 3/1/18, Resident #1 was heading to the chair and made contact with Resident #3 who was also on their way to sit there. Resident #1 pushed Resident #3 by the shoulders, which caused Resident #3 to fall backwards, and Resident #1 to lose their balance and fall on top of the other resident. This resulted in minor injury to Resident #3, and no injury to Resident #1. The nurse at the facility stated that they implemented a 1 to 1 supervision of Resident #1 when they were out of their room and near other residents. Resident #1's care plan was not updated to reflect the intervention of staff to provide close supervision of this resident when around other residents. On 5/22/18 at 10:15 AM, the Registered Nurse at the facility confirmed that the care plan had not been updated to include this intervention or other possible strategies to address the aggressive behaviors.							
R147 SS=D	V. RESIDENT CAR	RE AND HOME SERVICES	R147		1			
	5,9,c (4)			(PLEASE SEE	LITACHE.)			
	physician of all resi shall include: reside medication ordered	ist for review by staff and dents' medications. The list ent's name; medications; date l; dosage and frequency of likely side effects to monitor;						
	by: Based on record re home failed to ensu	NT is not met as evidenced view and staff interview, the ure that the medical record tlist of medications for 1 of 8						

Division of Licensing and Protection

STATE FORM

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If continuation sheet 2 of 4



Division of Licensing and Pro STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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R147	Continued From page 2		R147			
	residents reviewed include:	(Resident #7). Findings				
	Per record review, Resident #7 is a diabetic who receives both a long acting insulin daily, and a sliding scale short-acting insulin which is based on blood glucose levels to be given at every meal if needed. The Medication Administration Record					
!					: :	
	insulin that correlat	administration of short acting ted with the blood glucose wo of the medical record	opposition of the state of the			
	however, there we the physician that p	re no signed orders found from provided the sliding scale	Manager 14 Conference and Conference		i	
!	2:15 PM, the Regis	stered Nurse of the home se orders were not available in	dendrome from a financia			
; ;	to the home by the	, and that they had to be faxed physician while the survey r this surveyor's review.				
R164 SS=E	V. RESIDENT CAI	RE AND HOME SERVICES	R164		:	
	5.10 Medication I	Management			A .	
	administration, unl	t requires medication licensed staff may administer the following conditions:	:	(RLENE SEE	ATTACHES)	
	responsibility for th	urse must delegate the ne administration of specific signated staff for designated				
	by: Based on record r home failed to ens	eview and staff interview, the sure that some of the				
	the physician that physician that physician that physician that the street the medical record to the home by the was in progress for the physician physician progress for the physician physician progress for the physician progress for the physician physician progress for the physician	crovided the sliding scale is. Per interview on 5/21/18 at stered Nurse of the home is e orders were not available in and that they had to be faxed in physician while the survey in this surveyor's review. RE AND HOME SERVICES Management it requires medication idensed staff may administer in the following conditions: The administration of specific is ignated staff for designated eview and staff interview, the		(PLENE SEE	A 1	

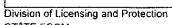
Division of Licensing and Protection STATE FORM

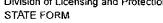
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If continuation sheet 3 of 4



Division of Licensing and Protection								
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. R164	Continued From pa	ge 3	R164					
	medications by the the home for 3 of 5 Per review of samp unlicensed staff wh not redelegated to a	current Registered Nurse at employees reviewed. led employee records, 3 of 5 o administer medications were administer medications by the Nurse when the prior nurse						
	left employment of sampled employees medications by the hired since the new on 5/22/18, the Reg s/he did not know to be redelegated by to	the home. The other two s were delegated to administer current RN, as they were r nurse started. Per interview gistered Nurse confirmed that hat the older staff needed to he current RN responsible.						
		ployees were delegated by he home and not the current						
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Our Lady Of The Meadows Plan of Correction Residential Care Home State Survey May 22, 2018

R145

5.9.c (2)

Action:

The Nurse Manager has reviewed the care plans for each resident to ensure that it is based on abilities, needs and includes services necessary to address behavioral changes as identified in the resident assessment (Please see Attachment A for an example care plan that addresses behavioral changes).

The care plan for Resident #1 was not reviewed/updated as part of this plan of correction as s/he was discharged from Our Lady of the Meadows to Level I/II Long Term Care facility on March 6, 2018.

Measures:

The Nurse Manager met with the nursing team to review the necessity of updating the written plan of care to describe the care services necessary to address behavior changes.

Monitors:

The Nurse Manager and entire Nursing Staff will monitor this practice to ensure that this deficiency does not reoccur.

Date Completed:

5/23/2108

R145 POC accepted 6/28/18 Karen Campor IN

R147

5.9.c (4)

Actions:

On May 22, 2018, the Nurse Manager obtained signed orders for Resident #7 from the physician that provides the sliding scale dosage instructions.

Measures:

The Nurse Manager and entire nursing team will ensure that each resident's medical record will contain a current list of medications. This list will be kept up to date and will be reviewed with medical appointment notes at which time the Medical providers list of medications will be reconciled with the facilities medication list. Medication orders will be obtained as required.

Monitors:

The Nurse Manger and entire nursing team will monitor this practice to ensure that this deficiency will not reoccur.

Date Completed:

5/23/2018

R147 POC accepted 6/28/18 Karen Campus RN

R164

5.10

Action:

The Nurse Manager has initiated the process of redelegating the responsibility of the administration of specific medications to designated unlicensed staff for designated residents. The Nurse Manager will complete this process no later than July 31, 2018.

Measures:

The Nurse Manager Orientation Process has been modified to ensure that the responsibility of the administration of specific medications to designated unlicensed staff for designated residents will be redelegated by the incoming Nurse Manager.

Monitors:

The Nurse Manager and Administrator will monitor this practice to ensure that this deficiency will not reoccur.

Date Completed:

July 31, 2018

R164 Poc accepted 6/28/18 Karen Campon Re